



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

*In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Maryland Department of Health (MDH), **Maryland Medicaid Pharmacy Program** (MMPP) has developed the **Maryland Medicaid Pharmacy Program Advisory**. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via MDH, please contact the MMPP representative at 410-767-1455.*

Removal of Brand Invega® Tablets from DAW 6 Program

The Maryland Medicaid Pharmacy Program (MMPP) wants to alert you that **effective Wednesday, May 9, 2018, brand Invega® tablets will no longer be preferred over its generic equivalent (paliperidone)**. Claims for paliperidone tablets will be handled in the same manner as claims for other multisource drugs*. Claims for brand Invega® tablets will adjudicate only if there is prior authorization based on an approved MDH Medwatch form which can be found at the following link:

<https://mmcp.health.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf>

Please refer to our website for a complete list of the Preferred Drug List (PDL) at the following link:

<https://mmcp.health.maryland.gov/pap/pages/Preferred-Drug-List.aspx>

***Please note that brand and multisource of Invega® tablets have non-preferred status on the PDL and will require a prior authorization by the prescriber.**
